Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	you picto exa licer Brin ider	e the name that is on a government-issued ure identification (for mple, your driver's nee or passport). g your picture tification to your sting with the trustee.	Tara First name L. Middle name Hansen Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Incli	other names you have d in the last 8 years ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number N)	xxx-xx-1103	

Official Form 101

		About Debtor 1:	Ak	oout Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s) EIN				
				`			
5.	Where you live	11314 Plymouth Avenue Cleveland, OH 44125	lf I	Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	Nu	Number, Street, City, State & ZIP Code			
		County County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fil in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6. Why you are choosing this district to file for bankruptcy		 Check one: Over the last 180 days before filling this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) 		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Del	otor 1 Tara L. Hansen				Case number (if known)	
					· /	
Par	t 2: Tell the Court About	our Bankruptcy	Case			
7.	The chapter of the Bankruptcy Code you are			of each, see <i>Notice Required by</i>	y 11 U.S.C. § 342(b) for Individuals Filing ate box.	for Bankruptcy
	choosing to file under	☐ Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		Chapter 13				
8.	How you will pay the fee	about how order. If yo a pre-print	you may pay. Typi ur attorney is subm ed address.	cally, if you are paying the fee your payment on your be	eck with the clerk's office in your local cou yourself, you may pay with cash, cashier's half, your attorney may pay with a credit	s check, or money card or check with
				allments. If you choose this optoose this optoology.	tion, sign and attach the Application for Ir	ndividuals to Pay
		I request to but is not reapplies to y	hat my fee be wai equired to, waive y your family size and	ved (You may request this optiour fee, and may do so only if you are unable to pay the fee	on only if you are filing for Chapter 7. By your income is less than 150% of the offic in installments). If you choose this option ficial Form 103B) and file it with your petit	cial poverty line that n, you must fill out
9.	Have you filed for bankruptcy within the last 8 years?	■ No.				
		Distri	ct	When	Case number	
		Distri	ct	When	Case number	
		Distri	ct	When	Case number	
10.	Are any bankruptcy	■ No				
cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?		☐ Yes.				
		Debto	or		Relationship to you	
		Distri		When	Case number, if known	
		Debto			Relationship to you	
		Distri	ct	When	Case number, if known _	
11.	Do you rent your	■ No. Go t	o line 12.			
	residence?		your landlord obtai	ined an eviction judgment agair	nst you?	
			No. Go to line 1	2.		

Official Form 101

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Deb	or 1 Tara L. Hansen				Case number (if known)
art	3: Report About Any Bu	sinesses	You Owr	as a Sole Propriet	or
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busi	ness
	A sole proprietorship is a		Name		
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? proceed a you are coash-flow § 1116(1)			under Suchoosing to stateme (B).	bchapter V so that it to proceed under Sul	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11.
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am I Code	•	1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f I do n	iling under Chapter 1 ot choose to proceed	1, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
art	4: Report if You Own or	Have Any	Hazardo	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to	■ No.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
	·				Number, Street, City, State & Zip Code

Debtor 1 Tara L. Hansen

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Deb	tor 1 Tara L. Hansen			Case number (if	known)				
Par	6: Answer These Questi	ons for Re	porting Purposes						
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
			☐ No. Go to line 16b.						
			■ Yes. Go to line 17.						
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c. -	State the type of debts you owe th	at are not consumer debts or business de	ebts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.					
	Do you estimate that after any exempt property is excluded and			u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses				
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?		□ No						
			□ Yes						
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000				
19.	How much do you estimate your assets to be worth?	\$100,0	0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
20.	How much do you estimate your liabilities to be?	□ \$100,0	0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion				
Par	7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request r	elief in accordance with the chapte	er of title 11, United States Code, specifie	ed in this petition.				
		bankruptc and 3571.	y case can result in fines up to \$25	sealing property, or obtaining money or pr 50,000, or imprisonment for up to 20 year	roperty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,				
		Tara L. H		Signature of Debtor 2					
		Executed	September 7, 2022 MM / DD / YYYY	Executed on MM / D	D / YYYY				

Debtor 1	Tara L. Hansen	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Eric James Ashman Signature of Attorney for Debtor	Date	September 7, 2022
Eric James Ashman 0077386		
Printed name		
Amourgis & Associates		
Firm name		
3200 W. Market Street, Suite 106		
Akron, OH 44333		
Number, Street, City, State & ZIP Code		
Contact phone 330-535-6650	Email address	bk_department@amourgis.com
0077386 OH		
Bar number & State		

Page 7 of 48

Fill	n this inform	nation to identify your	case:			
			case.			
Deb	.01 1	Tara L. Hansen First Name	Middle Name	Last Name		
Debt (Spou	tor 2 se if, filing)	First Name	Middle Name	Last Name		
		kruptcy Court for the:	NORTHERN DISTRICT			
		intropied Court for the.	TOTAL PROTECTION			
(if kno	e number				☐ Chec	ck if this is an
					amer	nded filing
		<u>m 106Sum</u>				
				nd Certain Statistical Information		12/15
				are filing together, both are equally responsible to information on this form. If you are filing amend		
your	original form	ns, you must fill out a	new Summary and check	k the box at the top of this page.		
Part	1: Summa	arize Your Assets				
						assets
					value	of what you own
1.		'B: Property (Official F s 55, Total real estate, f			\$	90,200.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B		\$	17,445.96
					· —	•
			y on Scriedule A/B		\$	107,645.96
Part	2: Summa	arize Your Liabilities				
						liabilities nt you owe
0	0-11-10	O 1'4 1 M/s 1 1 O	deline Oceania de Discont	(OWa's Farm 400D)	7 111001	in you one
2.	2a. Copy the	total you listed in Colu	laims Secured by Property mn A, Amount of claim, at	ா(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	32,285.00
3.			Unsecured Claims (Officia		c	0.00
			" ,	s) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F	\$	9,000.00
				Your total liabilities	. e	41,285.00
				Tour total habilities	Ψ	41,265.00
Part	3: Summa	arize Your Income and	I Expenses			
4.	Schedule I: \	Your Income (Official Fo	orm 106I)			
		`	,	<i>I</i>	\$	3,990.43
5.		Your Expenses (Officia			\$	3,149.73
<u> </u>					Ψ	2,11111
Part	4: Answei	r These Questions for	Administrative and Stati	stical Records		
6.	-	• • •	er Chapters 7, 11, or 13?	heck this box and submit this form to the court with y	our other so	chadulas
		Thave nothing to repon	on this part of the form. Of	neck this box and submit this form to the court with yo	Jui otilei sc	nedules.
7.	■ Yes What kind o	f debt do you have?				
•		•	auman dalite O	4-14		L. Conseller
				debts are those "incurred by an individual primarily fog for statistical purposes. 28 U.S.C. § 159.	: a persona	ı, ramıly, or
	☐ Your de	ebts are not primarily	consumer debts. You have	ve nothing to report on this part of the form. Check th	is box and	submit this form to
Offic	— ial Form 1069	Sum Summary	of Your Assets and Liabi	lities and Certain Statistical Information		page 1 of 2

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,623.17

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 1 Tara L. Hansen Prize Name Missis Name Law Name L	Fill in this infor	mation to identify	your case and th	is filin	g:					
Debtor 2 Secure. If first First Name	Debtor 1									
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO Case number	Debtor 2	First Name	Middle	Name		Last Name				
Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property In each category, separately list and describe lense. List an asset only once. If an asset filis in more than one category, list the asset in the category where you think fit is best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct intermation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy quadron. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy quadron. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Fart 2: Yes. Where is the property? What is the property? Check at that apply Investment property Investment property	(Spouse, if filing)	First Name	Middle	Name		Last Name				
Official Form 106A/B Schedule A/B: Property Inach category, separately list and describe lens. List an asset only once. If an asset list in more than one category, list the asset in the category where you withink If it is best. Be as complete and accurate as position. If wore married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Post 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in	United States Ba	ankruptcy Court for	the: NORTHER	N DIST	TRICT OF OHIO	0				
Official Form 106A/B Schedule A/B: Property In each category, spaniety list and describe items. List an asset only once. If an asset this in more than one ateagory, list the asset in the category where you incited from space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Particl Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2.	Case number					-				
In sech category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the category where you think! If it shest. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supphying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy question. Part 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1									amended ming	
In sech category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the category where you think! If it shest. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supphying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy question. Part 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1	Official Fo	rm 106A/E	3							
In each category, separately list and describe items. List an asset only once. If an asset fits in more han one category list the asset in the category where you think if it is beat. Be a complete and accurate as possible. If two married people are filling depeths, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy question. Part 11 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?			_						12/15	
1.1 1314 Plymouth Avenue Street address, if available, or other description City State 21P Code Curyahoga County County Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	think it fits best. If information. If more Answer every que	Be as complete and re space is needed, stion.	accurate as possibl attach a separate sl	e. If two	o married people this form. On the	are filing together, both e top of any additional pa	are equally respo	nsible for supp	olying correct	
No. Go to Part 2.		·					•			
The state of the property? 1.1	_		juitable interest in a	ny resid	aence, building,	iand, or similar property	<i>(</i>			
What is the property? Check all that apply Single-family home	_									
Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Creditors Who Have Claims or exemptions. Put the amount of any secured claims or exemptions. Creditors Mho Have Claims or exemptions. Condominium or cooperative contention by property. Supplementary of the entire property? Check one entire property? Page 200.00. Supplementary of the entire property? Supplementary? Supplemen	— 100. VIII010	io tilo proporty.								
Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Creditors Who Have Claims or exemptions. Put the amount of any secured claims or exemptions. Creditors Mho Have Claims or exemptions. Condominium or cooperative contention by property. Supplementary of the entire property? Check one entire property? Page 200.00. Supplementary of the entire property? Supplementary? Supplemen						•				
Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Duplex or multi-unit building Condominium or cooperative		mouth Avenue		Wha			Do not dodu	et cocured claim	as or exemptions. But	
Cleveland OH 44125-0000 City State ZIP Code Land Investment property S90,200.00 \$90,200.00 City State ZIP Code Investment property Investment property S90,200.00 \$90,200.00	Street address	, if available, or other des	scription	-	Duplex or multi-unit building		the amount of	the amount of any secured claims on Schedule D:		
Cleveland City State ZIP Code Investment property Other					Condominium	or cooperative	Oreanors Wi	io riave Ciairis	decured by 1 roperty.	
Cleveland OH 44125-0000 Land] Manufactured	or mobile home	Current valu	ue of the	Current value of the	
Cuyahoga County Cuyahoga County County Cuyahoga County Check if this is community property (see instructions) Check if this is community property Check if this is community property (see instructions) Check if this is community property (see instructions) Check if this is community property Check if this is community property (see instructions) Check if this is community property (see instructions) Check if this is community property Check if this is community property (see instructions) Check if this is community property Check if this is community Check if this is community						on orty	entire prope	erty?	portion you own?	
Cuyahoga County Check if this is community property (see instructions) See instructions) Check if this is community property (see instructions) Check if this is community property (see instructions) See instructions) Check if this is community property (see instructions) Check if this is community property (see instructions) Check if this is community property (see instructions) See instructions) Check if this is community property (see instructions) See instructions S	Oily	State	ZIF Code			эрену	<u></u>	<u> </u>	· ,	
Cuyahoga County Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 t least one of the debtors and another Other information you wish to add about this item, such as local property identification number: PPN# 544-12-015 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here						in the property? Chack on	(such as fee	e simple, tenan		
Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: PPN# 544-12-015 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here				VVIIC			6	•		
At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: PPN# 544-12-015 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here		a		_	-					
pages you have attached for Part 1. Write that number here	County			Othe prop	At least one of er information your perty identification	the debtors and another bu wish to add about this on number:	(see inst	ructions)	unity property	
pages you have attached for Part 1. Write that number here										
Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles								_	\$90,200.00	
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on <i>Schedule G: Executory Contracts and Unexpired Leases</i> . 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No	pages you i	iave attached for	r art 1. Write that	iiuiiib.					<u> </u>	
someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No	Part 2: Describe	Your Vehicles								
3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No									icles you own that	
_ ''-		·	•			Recutory Contracts and	Unexpired Lease	·S.		
_ ''-	■ No									

Debtor 1	Tara L. Hansen		Case number (if known)	
		other recreational vehicles, other vehicles, motorcraft, fishing vessels, snowmobiles, motor		
= N.				
■ No □ Yes				
□ res				
5 Add th	e dollar value of the portion you own you have attached for Part 2. Write th	for all of your entries from Part 2, inclu at number here	uding any entries for	\$0.00
	escribe Your Personal and Household Item			
Do you o	wn or have any legal or equitable inter	est in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	nold goods and furnishings les: Major appliances, furniture, linens, c	hina, kitchenware		
	Describe			
	Household Goods	s and Furnishings		\$3,000.00
■ No		, stereo, and digital equipment; computer dia players, games	s, printers, scanners; music colle	ections; electronic devices
Examp ■ No	ibles of value les: Antiques and figurines; paintings, prother collections, memorabilia, colle Describe	ints, or other artwork; books, pictures, or ctibles	other art objects; stamp, coin, or	baseball card collections;
9. Equipn Examp	nent for sports and hobbies les: Sports, photographic, exercise, and musical instruments	other hobby equipment; bicycles, pool tal	bles, golf clubs, skis; canoes and	l kayaks; carpentry tools;
	Describe			
■ No	ms ples: Pistols, rifles, shotguns, ammunitio Describe	n, and related equipment		
□ No	es ples: Everyday clothes, furs, leather coa Describe	ts, designer wear, shoes, accessories		
	Used Clothing			\$150.00
■ No	ry	, engagement rings, wedding rings, heirlo	oom jewelry, watches, gems, gold	l, silver
13. Non-f a	arm animals ples: Dogs, cats, birds, horses			
	Describe			
Official For	m 106A/B	Schedule A/B: Property		page 2

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De	btor 1	Tara L. Hanse	en	Case number (if know	m)
	Any oth ■ No	ner personal and	household items you did	not already list, including any health aids you did not list	
		Give specific info	rmation		
15				Part 3, including any entries for pages you have attached	\$3,150.00
Pai	rt 4: Des	scribe Your Financ	ial Assets		
Do	you ow	n or have any le	gal or equitable interest ir	n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No Î		ave in your wallet, in your h	ome, in a safe deposit box, and on hand when you file your pe	etition
				Cash	\$0.00
	Examp □ No			ounts; certificates of deposit; shares in credit unions, brokeraç s with the same institution, list each. Institution name:	ge houses, and other similar
			17.1. checking	Green Dot Bank2767	\$15.00
	<i>Examp</i> ■ No		r publicly traded stocks nvestment accounts with br Institution or issuer	okerage firms, money market accounts	
	Non-pu	blicly traded sto		orated and unincorporated businesses, including an intel	rest in an LLC, partnership, and
	joint ve ■ No	enture			
	☐ Yes.	Give specific info	rmation about them Name of entity:	% of ownership:	
	Negotia	able instruments i	nclude personal checks, ca	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
		Give specific infor	mation about them Issuer name:		
		n ent or pension a bles: Interests in IF		403(b), thrift savings accounts, or other pension or profit-shari	ng plans
	☐ Yes. I	List each account	separately. Type of account:	Institution name:	
	Your sh Examp		deposits you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications comp	panies, or others
	■ No □ Yes			Institution name or individual:	

De	ebtor 1	Tara L. Ha	ansen		Case number (if I	(nown)	
23.	Annuitio	es (A contrad	ct for a periodic payment of mo	oney to you, either for life or fo	r a number of years)		
	Yes		Issuer name and description.				
24.	26 U.S.C		cation IRA, in an account in a (1), 529A(b), and 529(b)(1).	qualified ABLE program, o	r under a qualified state tuiti	on prograr	n.
	■ No □ Yes		Institution name and descripti	ion. Separately file the record	s of any interests.11 U.S.C. §	521(c):	
25.	Trusts, ■ No	equitable o	r future interests in property	(other than anything listed	in line 1), and rights or powe	ers exercis	able for your benefit
		Give specific	c information about them				
26.			s, trademarks, trade secrets, domain names, websites, proce				
	_	Give specific	c information about them				
27.			es, and other general intangil permits, exclusive licenses, co		s, liquor licenses, professional	licenses	
	☐ Yes.	Give specific	c information about them				
М	oney or p	property owe	ed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed t	to you				
	■ No □ Yes. 0	Give specific	information about them, includ	ling whether you already filed	the returns and the tax years		
	■ No	les: Past due	e or lump sum alimony, spousal	l support, child support, maint	enance, divorce settlement, pi	operty sett	ement
		<i>les:</i> Unpaid v	meone owes you wages, disability insurance pay ; unpaid loans you made to sor		pay, vacation pay, workers' o	compensati	on, Social Security
		Give specific	c information				
			Back Chil	ld Support owed by Jasc	n S Case		\$14,280.96
	Example ■ No	•	disability, or life insurance; heal	· · · · · · · · · · · · · · · · · · ·	edit, homeowner's, or renter's	insurance	
	☐ Yes. N	Name the ins	surance company of each policy Company name:	y and list its value.	Beneficiary:		Surrender or refund value:
32.	If you a someor		perty that is due you from so iciary of a living trust, expect pr		policy, or are currently entitled	to receive	property because
	■ No □ Yes.	Give specific	c information				

Deb	otor 1	Tara L. Hansen		Case number (if known)	
		against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or right		and for payment	
		Describe each claim			
34.	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims
	No				
	☐ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not already list			
	No				
L	┛Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, includin art 4. Write that number here			\$14,295.96
Part	5: De:	scribe Any Business-Related Property You Own or Have an Inter-	est In. List any real esta	ite in Part 1.	
37. [Do you o	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	so to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
40	<u> </u>				
46.		own or have any legal or equitable interest in any farm- Go to Part 7.	or commercial fishin	ig-related property?	
	_				
	⊔ Yes.	. Go to line 47.			
Part	t 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
50	D				
53.		I have other property of any kind you did not already list? bles: Season tickets, country club membership	?		
	No .	,			
	☐ Yes.	Give specific information			
54	V qq t	he dollar value of all of your entries from Part 7. Write th	at number bere		00.00
J 4 .	Auu t	the donar value of all of your entires from Fart 7. Write the	at number nere		\$0.00
Part	t 8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$90,200.00
56.		2: Total vehicles, line 5	\$0.00		φ90,200.00
57.		3: Total personal and household items, line 15	\$3,150.00		
58.		l: Total financial assets, line 36	\$14,295.96		
59.	Part 5	i: Total business-related property, line 45	\$0.00		
60.	Part 6	8: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$17,445.96	Copy personal property to	stal \$17,445.96
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$107,645.96

EXHIBIT A

PERMANENT PARCEL NO. 544-12-015

Situated in the City of Garfield Heights, County of Cuyahoga and State of Ohio:

And known as being Sublot No. 104 in the Garfield Parkside Realty Company's Garfield Park Allotment No. 2 of a part of Original Independence Township Lot No. 2, Tract 1, as shown by the recorded plat in Volume 61 of Maps, Page 26 of Cuyahoga County Records, and being 40 feet front on the Southerly side of Plymouth Avenue, and extending back of equal width 110 feet, as appears by said plat, be the same more or less, but subject to all legal highways.

Property Address: 11314 Plymouth Avenue Garfield Heights, Ohio 44125

This Legal Description Complies with The Cuyahoga County Transfer and Conveyance Standards and is approved for transfer.

AN 1 1/

Acant

Fill in this inform	mation to identify your	case:		
Debtor 1	Tara L. Hansen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is an
				amended filing
				 _

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

 Brief description of the property and line on ______Current value of the _____Amount of the exemption you claim

Schedule A/B that lists this property	portion you own Copy the value from Schedule A/B	Copy the value from Check only one box for each exemption.		openio initali initali di exemplo.	
11314 Plymouth Avenue Cleveland, OH 44125 Cuyahoga County	\$90,200.00		\$161,375.00	Ohio Rev. Code Ann. § 2329.66(A)(1)	
PPN# 544-12-015 Line from <i>Schedule A/B</i> : 1.1		100% of fair mark any applicable sta		2020.00(1)(1)	
Household Goods and Furnishings Line from Schedule A/B: 6.1	\$3,000.00		\$3,000.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line Irom <i>Scriedule A/B</i> . 6.1			100% of fair market value, up to any applicable statutory limit	2020.00(A)(4)(a)	
Used Clothing Line from Schedule A/B: 11.1	\$150.00	\$150.00		Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Elle Holli Genedale AVD.			100% of fair market value, up to any applicable statutory limit	2020:00(13)(-7)(a)	
checking: Green Dot Bank2767 Line from Schedule A/B: 17.1	\$15.00		\$15.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Line nom denedate AVD. TTT			100% of fair market value, up to any applicable statutory limit	2020:00(1)(0)	
Back Child Support owed by Jason S	\$14,280.96		\$14,280.96	Ohio Rev. Code Ann. § 2329.66(A)(11)	
Line from Schedule A/B: 30.1			100% of fair market value, up to	2020.00(A)(11)	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Deb	otor 1	Tara L. Hansen	Case number (if known)	
3.	•	rou claiming a homestead exemption of more than \$189,050? ect to adjustment on 4/01/25 and every 3 years after that for cases filed on c	r after the date of adjustment.)	
		No		
		Yes. Did you acquire the property covered by the exemption within 1,215 da	ys before you filed this case?	
	[□ No		
	Г	Π Vas		

Official Form 106C

Schedule C: The Property You Claim as Exempt

Fill in this inform	ation to identify you	case:				
Debtor 1	Tara L. Hansen					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT OF OHIO)			
Case number					_	if this is an ded filing
Official Form Schedule I		Who Have Claims S	ecurec	l by Propert	y	12/15
		two married people are filing together ut, number the entries, and attach it to				
, ,	have claims secured by	vour property?				
	-	is form to the court with your other so	chedules. Yo	ou have nothing else t	o report on this form.	
_	all of the information b	·				
		elow.				
<u> </u>	Secured Claims			Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	nore than one secured claim, list the credit a particular claim, list the other creditors in al order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Cuyahoga	County					
Treasurer		Describe the property that secures the		\$31,785.00	\$90,200.00	\$0.00
Creditor's Name 2079 East Cleveland,	9th Street	11314 Plymouth Avenue Cleve OH 44125 Cuyahoga County PPN# 544-12-015 As of the date you file, the claim is: Chapply. ☐ Contingent				
Number, Street,	City, State & Zip Code	Unliquidated				
Who owes the del	ht? Chaak ana	☐ Disputed Nature of lien. Check all that apply.				
_	ot: Check one.	An agreement you made (such as mo	ortanan or one	urad		
Debtor 1 only		car loan)	ortgage or sec	uieu		
☐ Debtor 2 only ☐ Debtor 1 and Del	htor 2 only	☐ Statutory lien (such as tax lien, mecha	anic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla	nim relates to a		Property Ta	axes		

Official Form 106D

Date debt was incurred

Schedule D: Creditors Who Have Claims Secured by Property

Last 4 digits of account number 2015;0417

Deb	tor 1 Tara L. Hansen		Case number (if known)		
	First Name Middle N	ame Last Name	-		
2.2	Ohio Department of Taxation	Describe the property that secures the claim:	\$500.00	\$500.00	\$0.00
	Creditor's Name	All rights and interests in property]		
	Bankruptcy Division P.O. Box 530 Columbus, OH 43216	As of the date you file, the claim is: Check all that apply. Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_	Pebtor 1 only	☐ An agreement you made (such as mortgage or	secured		
	ebtor 2 only	car loan)			
	Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)		
ПА	t least one of the debtors and another	☐ Judgment lien from a lawsuit			
	check if this claim relates to a community debt	Other (including a right to offset)			
Date	debt was incurred 2016	Last 4 digits of account number 809	5		
Part Use	ite that number here: List Others to Be Notified for this page only if you have others to be	the dollar value totals from all pages. or a Debt That You Already Listed be notified about your bankruptcy for a debt that yowe to someone else, list the creditor in Part 1, ar		xample, if a collection a	
than	one creditor for any of the debts that in Part 1, do not fill out or submit the	t you listed in Part 1, list the additional creditors	here. If you do not have addition	al persons to be notified	I for any
[]	Name, Number, Street, City, State & Assistant Prosecuting Att Tax Foreclosure, Courtho 310 W Lakeside Ave, Suite Cleveland, OH 44113	orney- use Square Las	which line in Part 1 did you enter th	e creditor? <u>2.1</u>	
[]	Name, Number, Street, City, State & Cuyahoga County Clerk of 1200 Ontario Street Cleveland, OH 44113	f Courts	which line in Part 1 did you enter th	e creditor? _ 2.1 _	
[]	Name, Number, Street, City, State & Cuyahoga County Treasul c/o Justice Center, 9th Flo 1200 Ontario St Cleveland, OH 44113	rer	which line in Part 1 did you enter th	e creditor? _2.1_	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill	in this inforr	nation to identify your c	ase:						
Deb	tor 1	Tara L. Hansen							
		First Name	Middle Nam	ne	Last Name				
	tor 2 use if, filing)	First Name	Middle Nam	10	Last Name				
` '		nkruptcy Court for the:	NORTHERN						
	ou Oluloo Bu	induptoy Court for the							
Cas	e number _								N 1 7 41 1
(II KII	own)							_	Check if this is an mended filing
Scl	nedule E	n 106E/F E/F: Creditors W				I Dark O for any	die ver with NON	IDDIODITY -I	12/15
any e Sche Sche left. <i>I</i>	executory continued the G: Executory could be continued to the Cortes and case number 1	d accurate as possible. Use tracts or unexpired leases to trory Contracts and Unexpi ors Who Have Claims Secu- atinuation Page to this page mber (if known).	that could result red Leases (Offi ired by Property e. If you have no	in a claim. Als cial Form 106G . If more space information to	o list executory). Do not include is needed, copy	contracts on a contracts on a contracts on a contracts on a contract on	Schedule A/B: s with partially : need, fill it out,	Property (Officine secured claims number the en	al Form 106A/B) and on that are listed in tries in the boxes on the
		ors have priority unsecured							
	■ No. Go to F	• •		,					
	Yes.	GIT 2.							
	— 103.								
Part	List A	II of Your NONPRIORITY	Y Unsecured C	laims					
3.	Do any credito	ors have nonpriority unsec	ured claims agai	nst you?					
	■ No. You ha	ve nothing to report in this pa	rt. Submit this for	m to the court w	ith your other sch	nedules.			
	Yes.								
	unsecured clai	r nonpriority unsecured cla m, list the creditor separately or holds a particular claim, lis	for each claim. F	or each claim lis	ted, identify what	t type of claim it	t is. Do not list cl	aims already ind	cluded in Part 1. If more
									Total claim
4.1		nd Division of Water	L	ast 4 digits of a	ccount number				\$800.00
	Nonpriority PO Box	y Creditor's Name	v	/hen was the de	eht incurred?	2022			
		nd, OH 44101	•		oot mountou.	LULL			-
	Number S	treet City State Zip Code	Α	s of the date yo	ou file, the claim	is: Check all t	hat apply		
	Who incu	rred the debt? Check one.							
	Debtor	1 only		☐ Contingent					
	☐ Debtor	2 only		Unliquidated					
	☐ Debtor	1 and Debtor 2 only		Disputed					
	☐ At leas	st one of the debtors and ano	ther T	ype of NONPRI	ORITY unsecure	ed claim:			
	☐ Check	if this claim is for a comm	_{nunity} [Student loans					
	debt Is the cla	im subject to offset?		Obligations are	ising out of a sep	paration agreem	nent or divorce th	nat you did not	
	■ No				ion or profit-shar	ing plans, and o	other similar deb	ts	
	□ Yes			Other. Specify		J. ,			
	_ 103			 Other, Specify 					

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 3

Debtor 1	Tara L. H	ansen		Case no	umber (if	known)		
	lavient	die de Nome	Last 4 digits of account number			_		\$7,000.00
	onpriority Cred On Box 95		When was the debt incurred?	2012	!			
		e, PA 18773-9500						
		City State Zip Code	As of the date you file, the claim	is: Check	k all that a	pply		
W	/ho incurred t	the debt? Check one.						
	Debtor 1 onl	у	☐ Contingent					
	Debtor 2 onl	у	☐ Unliquidated					
	Debtor 1 and	d Debtor 2 only	☐ Disputed					
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
		s claim is for a community	☐ Student loans					
	ebt		☐ Obligations arising out of a sep	aration ag	greement o	or divorce that you o	lid not	
Is	the claim su	bject to offset?	report as priority claims		•	,		
	No		☐ Debts to pension or profit-shari	ng plans,	and other	similar debts		
	Yes		Other. Specify Student Lo	oan(s)				
N	onpriority Cred		Last 4 digits of account number			_		\$1,200.00
_	900 Euclid leveland,		When was the debt incurred?	2022	i -			
N	umber Street	City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Check	k all that a	pply		
	Debtor 1 onl	W.	☐ Contingent					
	_	•						
_	Debtor 2 onl	•	Unliquidated					
L	Debtor 1 and	d Debtor 2 only	☐ Disputed					
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	Check if thi	s claim is for a community	☐ Student loans					
d	ebt	·	Obligations arising out of a sep	aration ag	greement o	or divorce that you o	lid not	
_	_	bject to offset?	report as priority claims					
	No		☐ Debts to pension or profit-shari	ng plans,	and other	similar debts		
	☐ Yes		Other. Specify Utility					
Part 3:	List Others	s to Be Notified About a Debt	Γhat You Already Listed					
is trying have mo	to collect fro	m you for a debt you owe to some	ut your bankruptcy, for a debt that sone else, list the original creditor i ou listed in Parts 1 or 2, list the add ubmit this page.	n Parts 1	or 2, ther	list the collection	agency here.	. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Unse	cured Claim					
	e amounts of unsecured cla		. This information is for statistical	reporting	purpose	s only. 28 U.S.C. §	159. Add the a	mounts for each
						Total Claim		
	6a.	Domestic support obligations		6a.	\$		0.00	
Total								
claims from Part	1 6b.	Taxes and certain other debts ye	ou owe the government	6b.	\$		0.00	
o	6c.	Claims for death or personal inju	=	6c.	\$ —		0.00	
	6d.	·	ured claims. Write that amount here.	6d.	\$ —		0.00	
	ou.	other Mad all other priority under	area diamis. Write that amount here.	ou.	Ψ		0.00	
	6e.	Total Priority. Add lines 6a throug	h 6d.	6e.	\$		0.00	
						Total Claim		
	6f.	Student loans		6f.	\$		0.00	
Total								
claims from Part	2 6g.	Obligations arising out of a sepa	aration agreement or divorce that				0.00	
		you did not report as priority cla	ims	6g.	\$		0.00	
	6h.		ng plans, and other similar debts	6h.	\$		0.00	
	6i.	Other. Add all other nonpriority un	secured claims. Write that amount	6i.	\$	9,0	00.00	

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 3

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **9,000.00**

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this inform					
Debtor 1	Tara L. Hansen				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the r, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3					
	Name				_
	Number	Street			-
					_
2.4	City		State	ZIP Code	
2.4	Name				<u> </u>
	Name				
	Number	Street			<u> </u>
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Fill in thi	s information to identify your	case:			
Debtor 1	Tara L. Hansen First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	Г ОГ ОНІО		
Case nun	nber				☐ Check if this is an amended filing
Officia	al Form 106H				
Sche	dule H: Your Cod	ebtors			12/15
your name	e and case number (if known) you have any codebtors? (If	. Answer every question	1.		of any Additional Pages, write
☐ Ye	es				
	thin the last 8 years, have you na, California, Idaho, Louisiana				states and territories include
`	o. Go to line 3. es. Did your spouse, former spor	use, or legal equivalent liv	e with you at the time?		
in lin Form	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make	sure you have listed the	with you. List the person showr e creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The crec Check all schedules	ditor to whom you owe the debt s that apply:
3.1				Schedule D, line	·
	Name			☐ Schedule E/F, lir☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	
[]	Name			□ Schedule E/F, lir □ Schedule G, line	ne
	Number Street City	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill	in this information to ide	entify your ca	ase.									
		ara L. Hans										
	otor 2						_					
Uni	ted States Bankruptcy	Court for the	: NORTHERN DISTRIC	CT OF OHIO								
(If kr	se number			-				□ Ar		ed filing ent showin	ng postpetition ollowing date:	
<u>O</u>	fficial Form 10	<u> 261</u>						M	M / DD/ \	/YYY		
S	chedule I: Yo	our Inco	ome									12/15
spo atta	use. If you are separa	ted and you this form. (are married and not filir r spouse is not filing wi On the top of any additi	ith you, do no	ot include inf	orn	natio	on about	your spe mber (if	ouse. If m known). <i>I</i>	ore space is	needed,
	If you have more than one job, attach a separate page with information about additional			■ Employe	- d				☐ Empl		iiiig spouse	
			Employment status		☐ Not employed					mployed		
	employers.	employers.		Reception	nist							
	Include part-time, sea self-employed work.	sonal, or	Employer's name	Blue Rive	r Pet Care							
	Occupation may inclu or homemaker, if it ap		Employer's address	1 S. Wack Chicago,	•							
			How long employed t	here? 6	months				_			
Par	t 2: Give Details	About Mon	thly Income									
spou	use unless you are sepa	arated.	ate you file this form. If				•				·	
	e space, attach a separ		ore than one employer, co this form.	ombine the into	ormation for a	ii ei	mpic	yers for t	nat perso	on on the ii	ines below. If	you need
								For Deb	tor 1		btor 2 or ing spouse	
2.			ry, and commissions (be calculate what the monthle			2.	\$	2,	056.99	\$	N/A	
3.	Estimate and list mo	onthly overti	ime pay.		3	3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inco	ome. Add lir	ne 2 + line 3.		2	1.	\$	2,05	6.99	\$	N/A	

					For Debtor 1			Debtor -filing s		
	Сору	y line 4 here	4.	-	\$ 2,05	6.99	\$	i iiiiig 3	N/A	_
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ı. :	\$ 23	1.83	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		:	0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c			0.00	\$_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		· 	0.00	\$_		N/A	
	5e.	Insurance	5e		· ———	0.00	\$-		N/A	_
	5f.	Domestic support obligations	5f.		*	0.00	\$_		N/A	
	5g.	Union dues	5g		*	0.00	\$_		N/A	
	5h.	Other deductions. Specify:	5h	,	ː — — ·	0.00	: —		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	9		1.83	\$		N/A	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	1,82	5.16	\$		N/A	_
8.	8b. 8c. 8d. 8e. 8f.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8c 8d 8e e). : 	\$ 633 \$ 0 \$ 0	0.00 0.00 3.27 0.00 0.00	\$ \$ \$ \$		N/A N/A N/A N/A	
	8g.	Pension or retirement income	 8g	J. :	\$	0.00	\$		N/A	<u> </u>
	8h.	Other monthly income. Specify: Amoritized Annual Tax Refund	8h	1.+	\$ 70	0.00	+ \$		N/A	<u> </u>
		Contribution from friends and family		:	\$ 30	0.00	\$		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,16	5.27	\$_		N/	A
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3,990.43	+ \$		N/A	= \$ _	3,990.43
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not eify:	r depe				•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certains						. 12.	\$	3,990.43
13.	Do y∉	ou expect an increase or decrease within the year after you file this form No. Yes. Explain:	n?						Combi month	ined ly income

Official Form 106l Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	our case:					
Deb	tor 1	Tara L. Hans	sen			Check	c if this is:	
Deb	otor 2							ving postpetition chapter
(Spo	ouse, if filing)					1	13 expenses as of	the following date:
Unit	ed States Bankri	uptcy Court for the	: NORTH	IERN DISTRICT OF OHIO	<u> </u>	1	MM / DD / YYYY	
	e numbe r nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	ises				12/15
info	ormation. If me		eded, atta	If two married people ar ch another sheet to this n.				
Par	t 1: Descri	ibe Your House	ehold					
	■ No. Go to	line 2.	:	ata kawashaldQ				
	□No	0		ate household? al Form 106J-2, <i>Expens</i> es	for Sanarata House	ehold of Debte	or 2	
2.		e dependents?	_	ari 01111 1000-2, <i>Expenses</i>	Tor Ocparate Flouse	Shord or Debt	JI Z.	
۷.	Do not list De Debtor 2.	-	□ No ■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	th a		·				□ No
	dependents i				Son		11 years	Yes
					Son		14 years	□ No ■ Yes
								□ No
								Yes
								□ No □ Yes
3.	expenses of	enses include people other to your depende	han _—	No Yes				□ res
D	<u> </u>			. 				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
				government assistance in sluded it on Schedule I:				
(Of	ficial Form 10	6I.)					Your expo	enses
4.		r home owners d any rent for th		ses for your residence. In	nclude first mortgag	e 4. \$		0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$		301.73
		rty, homeowner'	s, or renter	's insurance		4b. \$		103.00
				ipkeep expenses		4c. \$		100.00
5.		owner's associa			mo oquity loops	4d. \$ 5. \$		0.00
J.	Auditional II	nortgage paym	ents for yo	our residence, such as ho	me equity loans	э. ֆ		0.00

Childcare and children's education costs Clothing, laundry, and dry cleaning 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19.	300.00 170.00 280.00 0.00 1,000.00 75.00 205.00 80.00 75.00 310.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 6d. Other. Specify: 6d. \$ 6d. Childcare and children's education costs Clothing, laundry, and dry cleaning 9. \$ 6d. S 6d. Childcare and children's education costs Clothing, laundry, and dry cleaning 9. \$ 6d. S 6d. S 6d. S 6d. S 6d. S 6d. S 6d. Childcare and children's education costs 8. \$ 6d. S 6d.	170.00 280.00 0.00 1,000.00 75.00 205.00 80.00 75.00 310.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6c. Other. Specify: 6c. Childcare and children's education costs 6c. Childcare and children's education costs 8c. Sc. Clothing, laundry, and dry cleaning 9c. Specify: 10c. Personal care products and services 11c. Specify: 11c. Specify	170.00 280.00 0.00 1,000.00 75.00 205.00 80.00 75.00 310.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. \$ 6d. Other. Specify: 6d. \$ 7. \$ 7. \$ 7. \$ 7. \$ 8. \$ 8. \$ 8. \$ 8. \$ 8. \$ 8. \$ 8. \$ 8	280.00 0.00 1,000.00 75.00 205.00 80.00 75.00 310.00
6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Clothing, laundry, and dry cleaning Personal care products and services 10. \$ Personal care products and services 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Cher. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	0.00 1,000.00 75.00 205.00 80.00 75.00 310.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Life insurance 15d. Other insurance. Specify: 16. \$ 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from you pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. Section of training and services 20b. Section of the property and services and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	1,000.00 75.00 205.00 80.00 75.00 310.00
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10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. \$ 15. Charitable contributions and religious donations 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19b. Other payments you make to support others who do not live with you. Specify: 19c. Other payments on other property 20a. Mortgages on other property 20a. Specify: 20b. Real estate taxes 20b. \$ 20b. Real estate taxes	80.00 75.00 310.00
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Insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Life insurance 15b. Health insurance 15b. S 15b. Health insurance 15c. S 15d. S 15d. Other insurance Specify: 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S 15d. S	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. \$ 20b. \$ 20b. \$ 20c.	
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. S Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. \$ 20b. Real estate taxes	
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes	0.00
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15d. Other insurance. Specify:	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. \$	0.00
Specify: 16. \$ Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. \$ 17c. Other. Specify: 17c. \$ 17d. Other. Specify: 17d. \$ Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ Other payments you make to support others who do not live with you. \$ Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	0.00
Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18d. Specify: 19d.	
17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes	0.00
17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes	0.00
Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$	0.00
Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 20b. Real estate taxes 20b. \$	
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. \$ 20c. \$ 20c. \$	
20b. Real estate taxes 20b. \$	0.00
·	
ZUC. Property nomeowner's or renter's insurance	0.00
· · · · · · · · · · · · · · · · · · ·	0.00
20d. Maintenance, repair, and upkeep expenses 20d. \$	0.00
20e. Homeowner's association or condominium dues 20e. \$	0.00
. Other: Specify: Petcare 21. +\$	50.00
2. Calculate your monthly expenses	
22a. Add lines 4 through 21. \$ 3,1	149.73
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	
	149.73
3. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 23a.	3,990.43
250. Copy your monthly expenses from line 22c above.	3,149.73
23c. Subtract your monthly expenses from your monthly income.	040.70
The result is your monthly net income. 23c. \$	840.70
4. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease modification to the terms of your mortgage?	a bossuss of a
■ No.	e necause oi a
☐ Yes. Explain here:	= Decause OI a

Fill in this info	rmation to identify your	case:			
Debtor 1	Tara L. Hansen				
Dahtan 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	NORTHERN DISTRIC	T OF OHIO		
Case number (if known)				_	eck if this is an ended filing
	rm 106Dec				
<u>Declara</u>	tion About a	<u>n Individua</u>	I Debtor's Sche	edules	12/15
You must file the obtaining mone years, or both.	nis form whenever you fi	e bankruptcy schedule connection with a bar	onsible for supplying correct es or amended schedules. Ma akruptcy case can result in fin	information. king a false statement, conceal nes up to \$250,000, or imprison	ling property, or ment for up to 20
Did you p	ay or agree to pay some	one who is NOT an atto	orney to help you fill out bank	ruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition Declaration, and Signature	
	alty of perjury, I declare are true and correct.	that I have read the sur	nmary and schedules filed wi	ith this declaration and	
	ra L. Hansen		X		
	L. Hansen cure of Debtor 1		Signature of Deb	otor 2	
Date	September 7, 2022		Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill	in this inforn	nation to identify you	r case:			
	otor 1	Tara L. Hansen				
	7.01	First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
` '						
Uni	ted States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF OHIO		
	se number				_	Check if this is an mended filing
Sta Be a info	s complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	current marital statu	ıs?			
	☐ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
		t all of the places you I	ived in the last 3 years. Do no	·		
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. state	es and territori	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	ity property state or territory co, Texas, Washington and W	
	☐ Yes. Ma	ike sure you fill out S <i>cr</i>	nedule H: Your Codebtors (Of	TICIAI FORM 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$12,346.40	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107 Statement of Finan

Statement of Financial Affairs for Individuals Filing for Bankruptcy

		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calend (January 1 to D	lar year: December 31, 2021)	■ Wages, commissions, bonuses, tips	\$310.52	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	ar year before that: December 31, 2020)	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
□ No	ill in the details.	ome from each source separa			
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
	1 of current year until led for bankruptcy:	SNAP	\$3,724.00		
		Child support	\$3,675.00		
	lar year:	SNAP	\$6,384.00		
For last calend (January 1 to D	December 31, 2021)				
	December 31, 2021)	child support	\$6,300.00		
(January 1 to E	December 31, 2021) ar year before that: December 31, 2020)	child support	\$6,300.00 \$6,384.00		

paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Tara L. Hansen		Case number (if known)					
Yes. Debtor 1 or Debtor 2 or both During the 90 days before you			al of \$600 or more	?			
■ No. Go to line 7.							
☐ Yes List below each cre	editor to whom you paid a tota for domestic support obligatio nkruptcy case.						
Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for		
 7. Within 1 year before you filed for bankru Insiders include your relatives; any genera of which you are an officer, director, person a business you operate as a sole proprieto alimony. No Yes. List all payments to an insider. 	I partners; relatives of any gen in control, or owner of 20%	neral partners; partners or more of their votin	erships of which yog g securities; and a	ou are a genera ny managing a	al partner; corporations agent, including one for		
☐ Yes. List all payments to an insider. Insider's Name and Address	Dates of navment	Total amount	Amount you	Dosson for	this novement		
insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
No ☐ Yes. List all payments to an insider Insider's Name and Address Part 4: Identify Legal Actions, Repossess 9. Within 1 year before you filed for bankru List all such matters, including personal inj modifications, and contract disputes. ☐ No	uptcy, were you a party in a	Total amount paid ny lawsuit, court acns, divorces, collection	Amount you still owe stion, or administ on suits, paternity a	Include cred	ling?		
☑ No☑ Yes. Fill in the details.							
Case title Case number	Nature of the case	Court or agency		Status of th	ne case		
Treasurer of Cuyahoga County, Ohio vs. Tara L. Hansen CV22 960417	foreclosure	Cuyahoga Con Court 1200 Ontario S Cleveland, OH	Street	☐ Pending ☐ On appeal ☐ Concluded			
 10. Within 1 year before you filed for bankre Check all that apply and fill in the details b No. Go to line 11. Yes. Fill in the information below. 		perty repossessed, f	foreclosed, garni	shed, attached	d, seized, or levied?		
Creditor Name and Address	Describe the Property		Date		Value of the		
	Explain what happene				property		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Del	otor 1 Tara L. Hansen	Case number	(if known)	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.	otcy, did any creditor, including a bank or financial in ause you owed a debt?	stitution, set off any a	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was	Amount
			taken	
12.	court-appointed receiver, a custodian, or a	cy, was any of your property in the possession of an nother official?	assignee for the bene	efit of creditors, a
	■ No □ Yes			
Par	t 5: List Certain Gifts and Contributions			
13.	■ No	tcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
	per person	Describe the girts	the gifts	value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con	tcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total		Dates you	Value
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	contributed	
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptor gambling?	cy or since you filed for bankruptcy, did you lose any	thing because of thef	it, fire, other disaster,
	■ No			
	☐ Yes. Fill in the details.			
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending	Date of your loss	Value of property lost
		surance claims on line 33 of Schedule A/B: Property.		
Par	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pre	cy, did you or anyone else acting on your behalf pay eparing a bankruptcy petition? parers, or credit counseling agencies for services require	,, ,	rty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not You		made	
	Amourgis & Associates 3200 W. Market Street, Suite 106 Akron, OH 44333 bk_department@amourgis.com	Attorney Fees	5/2022	\$800.00

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Person Who Was Paid Address	17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.							
transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the graning of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No		Person Who Was Paid		value of any prope	or transfer was	Amount of payment			
Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer w. made Part 83. List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No One of the contents of the contents of it? Address (Number, Street, City, State and ZIP Code) No One of the contents of the contents of it? Address (Number, Street, City, State and ZIP Code)	18.	transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreated No	business or financial aff nade as security (such as	airs? the granting of a sec					
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer with made Date Transfer wi		Address			payments received or debts	Date transfer was made			
### List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code)	19.	beneficiary? (These are often called asset-protection devices.) No							
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number account number account or instrument account was closed, sold, moved, or transferred. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code)									
houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Last 4 digits of account or instrument closed, sold, moved, or transferred Type of account or instrument closed, sold, moved, or transferred Last balan before closing moved, or transferred No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)		Within 1 year before you filed for bankrupt sold, moved, or transferred?	cy, were any financial ac	counts or instrum	ents held in your name, or for y				
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument Last 4 digits of account or instrument Date account was closed, sold, moved, or transferred Last balan before closing moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)		houses, pension funds, cooperatives, asso			deposit, silales ili baliks, ciedi	t unions, brokerage			
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No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it?		Address (Number, Street, City, State and ZIP	_	* *	closed, sold, moved, or	Last balance before closing or transfer			
Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)	21.	cash, or other valuables? No	year before you filed fo	r bankruptcy, any s	safe deposit box or other depos	sitory for securities,			
■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, City, City, Street, City, Cit			Address (Number, S		escribe the contents	•			
Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City,	22.	_	or place other than you	r home within 1 yea	ar before you filed for bankrupt	cy?			
Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City,		_ 110							
			to it? Address (Number, 9		escribe the contents	•			

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Tara L. Hansen Case number (if known)

Par	t 9:	Identify Property You Hold or Control for S	omeone Else						
23.		Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	Yes. Fill in the details.								
		wner's Name Idress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value			
Par	t 10	Give Details About Environmental Informat	ion						
For the purpose of Part 10, the following definitions apply:									
	tox	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
		ite means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used o own, operate, or utilize it, including disposal sites.							
Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic hazardous material, pollutant, contaminant, or similar term.						substance,			
Rep	ort a	all notices, releases, and proceedings that you	ı know about, regardless of whe	en the	ey occurred.				
24	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
		No							
		Yes. Fill in the details.	Cavaramental unit		Environmental law if you	Data of nation			
		nme of site idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?								
		■ No □ Yes. Fill in the details.							
		nme of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
		No Yes. Fill in the details.							
		ase Title ase Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Part 11: Give Details About Your Business or Connections to Any Business									
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
		☐ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
☐ An owner of at least 5% of the voting or equity securities of a corporation									

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

Deb	tor 1 Tara L. Hansen	Cas	Case number (if known)					
	No Name of the above applies. Co to I	2 40						
No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill	in the details below for each business.						
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.					
	(Number, Street, City, State and Zir Code)	Name of accountant or bookkeeper	Dates business existed					
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
	■ No							
	Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Part	12: Sign Below							
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.								
/s/ ⁻	Гага L. Hansen							
	a L. Hansen nature of Debtor 1	Signature of Debtor 2						
Date	September 7, 2022	Date						
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?								
■ N		•						
□ Y	es							
Did y ■ N	rou pay or agree to pay someone who is no	t an attorney to help you fill out bankruptcy	forms?					
	es. Name of Person . Attach the <i>Bankru</i>	ptcy Petition Preparer's Notice, Declaration. a	nd Signature (Official Form 119).					

Fill in this information to identify your case:					
Debtor 1	Tara L. Hansen				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: Northern District of Ohio					
Case number (if known)					

Check as directed in lines 17 and 21:								
	According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
3. The commitment period is 3 years.								
	☐ 4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1:	Calculate Your Average Monthly Income							
1.	What	is your marital and filing status? Check one of	only.						
	■ No	ot married. Fill out Column A, lines 2-11.							
	□ма	arried. Fill out both Columns A and B, lines 2-11.							
10 th	01(10A) e 6 moi	e average monthly income that you received from al b. For example, if you are filing on September 15, the 6- nths, add the income for all 6 months and divide the tota own the same rental property, put the income from that	month per al by 6. Fil	iod would I in the re	be March 1 throusult. Do not include	ugh Au de any	gust 31. If the ame income amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Colui Debt		Column B Debtor 2 or non-filing spouse	
2.		gross wages, salary, tips, bonuses, overtime deductions).	, and co	mmissi	ons (before all	\$	1,566.17	\$	
3.		ony and maintenance payments. Do not includenn B is filled in.	e payme	nts from	a spouse if	\$	0.00	\$	
4.	of yo from a and re	mounts from any source which are regularly puor your dependents, including child supportan unmarried partner, members of your househo commates. Do not include payments from a spousted on line 3.	t. Include ld, your o	e regula depende	r contributions nts, parents,	\$	525.00	\$	
5.		ncome from operating a business, ession, or farm	Debtor	1					
	Gross	s receipts (before all deductions)	\$	0.00					
	Ordin	ary and necessary operating expenses	-\$	0.00					
	Net m	nonthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net in	ncome from rental and other real property	Debtor						
	Gross	s receipts (before all deductions)	\$	0.00					
	Ordin	ary and necessary operating expenses	- \$	0.00					
	Net m	nonthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

				Column A Debtor 1		Column E Debtor 2 non-filing	or		
7.	Interest, dividends, and royalties			\$	0.00				
-	Unemployment compensation			\$	0.00) \$			
	Do not enter the amount if you contend that the amount receive Social Security Act. Instead, list it here:		nder						
	For you \$ For your spouse \$	0.00							
_									
	Pension or retirement income. Do not include any amoun benefit under the Social Security Act. Also, except as stated not include any compensation, pension, pay, annuity, or allo United States Government in connection with a disability, or disability, or death of a member of the uniformed services. It pay paid under chapter 61 of title 10, then include that pay of does not exceed the amount of retired pay to which you would retired under any provision of title 10 other than chapter 61.	I in the next sentence owance paid by the ombat-related injury o f you received any ret only to the extent that uld otherwise be entitl	r tired it	\$	0.00	D \$			
	Income from all other sources not listed above. Specify Do not include any benefits received under the Social Secureceived as a victim of a war crime, a crime against humanidomestic terrorism; or compensation, pension, pay, annuity, United States Government in connection with a disability, or disability, or death of a member of the uniformed services. It sources on a separate page and put the total below.	rity Act; payments ty, or international or , or allowance paid by ombat-related injury o	the r						
	food stamps			\$	532.00) \$			
				\$	0.00	<u> </u>			
	Total amounts from separate pages, if any.		+	\$	0.00	\$			
	Calculate your total average monthly income. Add lines a each column. Then add the total for Column A to the total for			2,623.17	+ \$			2,623.17	
Part	2: Determine How to Measure Your Deductions from	n Income							
12. 13.	Copy your total average monthly income from line 11 Calculate the marital adjustment. Check one:						\$	2,623.17	
	You are not married. Fill in 0 below.								
	☐ You are married and your spouse is filing with you. Fill	in 0 below.							
	☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Colum dependents, such as payment of the spouse's tax liabil Below, specify the basis for excluding this income and adjustments on a separate page. If this adjustment does not apply, enter 0 below.	nn B, that was NOT re lity or the spouse's su	ippor	t of someo	ne other	than you or yo	our depend	lents.	
	ii tiiis adjustifierit does not appiy, enter o below.	\$	3						
		\$	S						
		+\$	S						
	Total	\$		0.	00	Copy here=>		0.00	-
14.	Your current monthly income. Subtract line 13 from line	± 12.					\$	2,623.17	
15.	Calculate your current monthly income for the year. Find 15a. Copy line 14 here=>						\$	2,623.17	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 2

Debtor 1	_	Tara	L. Hansen		Case number (if known)				
		Mu	Itiply line 15a by 12 (the number of months in	a year).			x 12		
	15b.	The	e result is your current monthly income for the	e year for this part of	the form.	\$_	31,478.04		
16. C	alcı	ılate	the median family income that applies to y	ou. Follow these ste	eps:				
1	6a. I	Fill in	the state in which you live.	ОН					
1	6b. F	Fill in	the number of people in your household.	3					
1	6c. F	Fill in	the median family income for your state and	size of household.		\$_	82,734.00		
			d a list of applicable median income amounts ctions for this form. This list may also be avai						
17. H	low	do th	e lines compare?	·	•				
1	7a.		Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N						
1	7b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a	ulation of Your Disp					
Part 3		Cal	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)					
18. C	ору	your	total average monthly income from line 1	1.		\$	2,623.17		
C S	onte pous	nd tha se's in	e marital adjustment if it applies. If you are at calculating the commitment period under 1 acome, copy the amount from line 13. marital adjustment does not apply, fill in 0 on	1 U.S.C. § 1325(b)(4	e is not filing with you, and you I) allows you to deduct part of your	-\$	0.00		
1	9b. \$	Subtr	ract line 19a from line 18.			\$_	2,623.17		
20. C	alcı	ılate	your current monthly income for the year.	Follow these steps:					
2	0a. (Сору	line 19b			\$_	2,623.17		
	I	Multip	oly by 12 (the number of months in a year).				x 12		
2	0b. ⁻	The re	esult is your current monthly income for the y	ear for this part of the	e form	\$_	31,478.04		
2	0c. (Сору	the median family income for your state and	size of household fro	om line 16c	\$_	82,734.00		
2	1. I	How	do the lines compare?						
	ı		Line 20b is less than line 20c. Unless otherwineriod is 3 years. Go to Part 4.	se ordered by the co	urt, on the top of page 1 of this form, ch	ieck box 3,	The commitment		
	ı		Line 20b is more than or equal to line 20c. Uncommitment period is 5 years. Go to Part 4.	lless otherwise order	ed by the court, on the top of page 1 of	this form, o	check box 4, The		
Part 4		Sig	n Below						
В	y sig	gning	here, under penalty of perjury I declare that t	he information on thi	s statement and in any attachments is t	rue and co	rrect.		
			L. Hansen						
			Hansen of Debtor 1						
D	ate		tember 7, 2022						
lf	VOU		/ DD / YYYY ked 17a, do NOT fill out or file Form 122C-2.						
	•		ked 17b, fill out Form 122C-2 and file it with t	his form. On line 39	of that form, copy your current monthly	income fro	m line 14 above.		

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

Official Form 122C-1

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1 Tara L. Hansen Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2022 to 08/31/2022.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Blue River Pet Care

Year-to-Date Income:

Starting Year-to-Date Income: \$2,194.78 from check dated 2/28/2022. Ending Year-to-Date Income: \$11,591.80 from check dated 8/31/2022.

Income for six-month period (Ending-Starting): \$9,397.02 .

Average Monthly Income: \$1,566.17

Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: **child support** Constant income of **\$525.00** per month.

Line 10 - Income from all other sources

Source of Income: food stamps

Constant income of \$532.00 per month.

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 5

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Northern District of Ohio

In re	Tara L. Hansen		Case No.					
		Debtor(s)	Chapter	13				
	DISCLOSURE OF CO	MPENSATION OF ATTORN	EY FOR DE	EBTOR(S)				
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. I compensation paid to me within one year before be rendered on behalf of the debtor(s) in contempt	the filing of the petition in bankruptcy, or a	greed to be paid	to me, for service				
	For legal services, I have agreed to accept		\$	3,000.00				
	Prior to the filing of this statement I have re	ceived	\$	800.00				
	Balance Due		\$	2,200.00				
2.	\$313.00 of the filing fee has been paid.							
3. ′	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
4. ′	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
5.	■ I have not agreed to share the above-disclose	ed compensation with any other person unle	ess they are mem	bers and associate	s of my law firm.			
	☐ I have agreed to share the above-disclosed cocopy of the agreement, together with a list of				ny law firm. A			
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
1	a. Analysis of the debtor's financial situation, ar b. Preparation and filing of any petition, schedu c. Representation of the debtor at the meeting of d. [Other provisions as needed] See Rights and Responsibilities	les, statement of affairs and plan which may	y be required;	-	ankruptcy;			
7.	By agreement with the debtor(s), the above-discl See Rights and Responsibilities	losed fee does not include the following serv	vice:					
		CERTIFICATION						
	I certify that the foregoing is a complete statement ankruptcy proceeding.	nt of any agreement or arrangement for pay	ment to me for re	epresentation of th	ne debtor(s) in			
S	eptember 7, 2022	/s/ Eric James Ashma	an					
D	Oate	Eric James Ashman Signature of Attorney Amourgis & Associa 3200 W. Market Stree Akron, OH 44333 330-535-6650 Fax: 3	tes et, Suite 106 30-535-2205					
		<u>bk_department@amo</u> Name of law firm	ourgis.com					

United States Bankruptcy Court Northern District of Ohio

In re	Tara L. Hansen		Case No.	
		Debtor(s)	Chapter	13
	VER	IFICATION OF CREDITOR	MATRIX	
The ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	September 7, 2022	/s/ Tara L. Hansen Tara L. Hansen		

Signature of Debtor

Assistant Prosecuting Attorney-Tax Foreclosure, Courthouse Square 310 W Lakeside Ave, Suite 300 Cleveland, OH 44113

Cleveland Division of Water PO Box 94540 Cleveland, OH 44101

Cuyahoga County Clerk of Courts 1200 Ontario Street Cleveland, OH 44113

Cuyahoga County Treasurer 2079 East 9th Street Cleveland, OH 44115

Cuyahoga County Treasurer c/o Justice Center, 9th Floor 1200 Ontario St Cleveland, OH 44113

Navient P.O. Box 9500 Wilkes Barre, PA 18773-9500

Northest Ohio Regional Sewer Dist. 3900 Euclid Avenue Cleveland, OH 44115

Ohio Department of Taxation Bankruptcy Division P.O. Box 530 Columbus, OH 43216